

**UNITED STATES BANKRUPTCY COURT
District of Wyoming**

In re

BANKRUPTCY NO. _____

CHAPTER _____

Debtor(s).

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (Last, First, Middle)

Check the appropriate box and, if applicable, provide the required information.

☐ Debtor has a Social Security Number and it is: _____

☐ Debtor does not have a Social Security Number.

2. Name of Joint Debtor (Last, First, Middle)

Check the appropriate box and, if applicable, provide the required information.

☐ Joint Debtor has a Social Security Number and it is: _____

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

Signed: _____
(Debtor)

Date: _____

Signed: _____
(Joint Debtor)

Date: _____